

Electronic Acknowledgement Receipt


EFS ID:	3705478
Application Number:	10588940
International Application Number:	
Confirmation Number:	9756
Title of Invention:	<div style="text-align: right;"> Refund Ref: 08/14/2008 0030059938 <hr style="width: 100%;"/> Credit Card Refund Total: \$1050.00 </div> <p>Dehydrating condensation agent having property of accumulating at interface with water Master C: XXXXXXXXXXXX6807</p>
First Named Inventor/Applicant Name:	Munetaka Kunishima
Customer Number:	23623
Filer:	Gregory Turocy/Rebecca <div style="text-align: right; font-size: small;"> Adjustment date: 08/14/2008 LDIEP1 07/15/2008 INTERSW 00004141 10588940 02 FC:1253 -1050.00 OP </div>
Filer Authorized By:	Gregory Turocy
Attorney Docket Number:	NANP135US
Receipt Date:	30-JUL-2008
Filing Date:	08-AUG-2006
Time Stamp:	19:46:28
Application Type:	U.S. National Stage under 35 USC 371

Payment information:

Submitted with Payment	no	Adjustment date: 08/14/2008 LDIEP1 07/15/2008 INTERSW 00004141 10588940 02 FC:1253 -1050.00 OP			
File Listing:					
Document Number	Document Description	File Name	File Size(Bytes) /Message Digest	Multi Part /.zip	Pages (if appl.)
1	Supplemental Response or Supplemental Amendment	Reply135.pdf	625820 <div style="font-size: x-small;">ee0Dec79f99b496042b65d3eae69d97b52449f99</div>	no	6
Warnings:					
Information:					

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 08/07/08		2 Serial/Patent # 10588940		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		07/14/08	\$ 1,050.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 1,050.00
		8 TO BE REFUNDED BY:		
		<input checked="" type="checkbox"/>	Treasury Check CC	
		<input type="checkbox"/>	Credit Deposit A/C #:	
		9	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div>	
10 REASON:				
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
paid unnecessary extension of time fee				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Joan Olszewski		TITLE: Petition Examiner		
SIGNATURE: _____		PHONE: 571-272-7751		
OFFICE: Office of Petitions				

THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: 		DATE: 8/14/08		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**